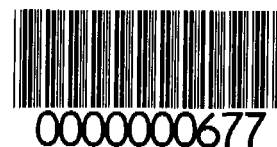


CARL J. KUNASEK
CHAIRMAN
JIM IRVIN
COMMISSIONER
WILLIAM A. MUNDELL
COMMISSIONER

OPEN MEETING ITEM



ORIGINAL



ARIZONA CORPORATION COMMISSION

2000 OCT 31 A 8:41

NOTICE

AZ CORP COMMISSION
DOCUMENT CONTROL

TO: POWER PLANT AND TRANSMISSION LINE SITING COMMITTEE
MEMBERS AND INTERESTED PARTIES

SUBJECT: DINE POWER AUTHORITY, NAVAJO TRANSMISSION
PROJECT

DOCKET NO. L-00000U-00-0103 Arizona Corporation Commission

DOCKETED

DATE: OCTOBER 31, 2000

OCT 31 2000

Enclosed for your review is a copy of the proposed Certificate of Environmental Compatibility in Case No. 103, which has been executed by Paul Bullis, Chairman-Designee for the Power Plant Transmission Line Siting Committee.

DOCKETED BY

It is anticipated this will be scheduled for Open Meeting on November 28, 2000, and November 29, 2000, for consideration and approval by the Arizona Corporation Commission.

If you have need any further assistance in the above referenced matter please feel free to contact me at (602) 542-0741, or (800) 222-7000.

Sincerely,

J. Beth Cockrill

J. Beth Cockrill
Administrative Assistant I
Utilities Division

/jbc

Enclosure

cc: Paul A. Bullis, Attorney General's Office
Shelly M. Hood, Executive Secretary's Office
Docket Control Center

1 **BEFORE THE ARIZONA POWER PLANT AND TRANSMISSION**
2 **LINE SITING COMMITTEE**

3
4 IN MATTER OF THE APPLICATION OF)
5 DINE POWER AUTHORITY FOR A)
6 CERTIFICATE OF ENVIRONMENTAL)
7 COMPATIBILITY FOR NON-RESERVATION)
8 PORTIONS OF THE NAVAJO TRANSMISSION)
9 PROJECT)
10 _____)

CASE NO: 103
DOCKET NO. L-00000U-00-0103
Decision No. _____

11 **CERTIFICATE OF ENVIRONMENTAL COMPATIBILITY**

12 Pursuant to notice given as provided by law, the Arizona Power Plant and Transmission
13 Line Siting Committee (the "Committee") held public hearings on July 31, September 27,
14 October 4 and October 25, 2000, in conformance with the requirements of A.R.S. § 40-360, et
15 seq., for the purpose of receiving evidence and deliberating on the Application of the Diné Power
16 Authority ("DPA" or "Applicant") for a Certificate of Environmental Compatibility for the
17 Arizona, non-reservation portions of its 500kV Navajo Transmission Project (the "Project") as
18 described in its Application The following members and designees of members of the Committee
19 were present for one or more of the hearing days:

20 Paul A. Bullis	Chairman, Designee for Arizona Attorney General, Janet Napolitano
21 Steve Olea	Arizona Corporation Commission
22 Dennis Sundie	Department of Water Resources
23 Richard Tobin	Department of Environmental Quality
24 Mark McWhirter	Department of Commerce
25 George Campbell	Appointed Member
26 Arlo B. Lee*	Appointed Member
27 Jeff Maguire	Appointed Member

28 _____

* Mr. Lee resigned from the Committee before the hearings on this matter were completed, and did not participate in the deliberations or voting.

1 A. Wayne Smith

Appointed Member

2 Michael Whalen

Appointed Member

3 The Applicant was represented by its counsel, Michael M. Grant of Gallagher &
4 Kennedy, P.A. Staff of the Arizona Corporation Commission intervened and was represented by
5 its counsel, Janice Alward and Teena Wolfe. The Western Area Power Administration also
6 entered a notice of limited appearance. At the conclusion of the hearing, after consideration of
7 the Application, the evidence and exhibits presented, the legal requirements of A.R.S. §§ 40-360
8 to 40-360.13, and in accordance with A.A.C. R14-3-213, upon motion duly made and seconded,
9 the Committee voted to grant DPA the following Certificate of Environmental Compatibility
10 (Case No. 103).

11 The Diné Power Authority is hereby granted a Certificate of Environmental
12 Compatibility for the construction of the following facilities as requested in its Application:

13 DPA is authorized to construct a new 500 kV transmission line in the Arizona, non-
14 reservation portions of the proposed and alternative routes as shown on Figure 2 of the
15 Application. This Certificate is granted upon the following conditions:

- 16 1. This authorization to construct the new transmission line will expire ten
17 (10) years from the date the Certificate is approved by the Arizona
18 Corporation Commission, unless construction is completed to the point
19 that the line is capable of operating at its rated capacity by that time;
20 provided, however, that prior to such expiration the Applicant may request
21 that the Arizona Corporation Commission extend the time limitation.
- 22 2. The corridor for the new transmission line will not exceed one thousand
23 (1,000) feet.
- 24 3. The new transmission line will be built in accordance with the mitigation
25 measures specified in the final Construction, Operation and Maintenance
26 Plan ("COMP") concerning the Project. In the event that the new
27 transmission line is constructed along the alternative route described in the
28 application, the Applicant shall ensure that the COMP specifically
addresses the alternative route.
4. The Applicant will comply with all existing air and water pollution control
standards and regulations, and with all existing applicable ordinances,
master plans and regulations of the State of Arizona, Coconino, Yavapai
and Mohave Counties and any other governmental entities having
jurisdiction.
5. Construction of the new transmission line on non-reservation lands shall
not begin until Segment 1, as described in the application, has been
constructed and is capable of operating at its rated capacity. However, in

1 the event that all rights of way and regulatory approvals have been
2 received for Segments 1 and 3 of the Project, financing has been procured
3 for Segments 1 and 3, and construction of Segment 1 has begun, then
4 construction of the non-reservation portions of the Project may begin prior
5 to the completion of Segment 1, as long as Segment 1 is completed,
6 energized and capable of operating at its rated capacity prior to Segment 3
7 being energized.

8 6. The Applicant will become a member of the Western States Coordinating
9 Council ("WSCC") and will file with the Arizona Corporation
10 Commission a copy of the Applicant's WSCC Reliability Criteria
11 Agreement.

12 7. The Applicant will provide the Arizona Corporation Commission copies
13 of interconnection studies concerning the Project as and when such studies
14 are performed.

15 8. The new transmission line shall interconnect with the existing 345 kV
16 and/or 500 kV transmission lines at either or both the Red Mesa or
17 Moenkopi substations. If Segment 2 has not been completed, energized
18 and capable of operating at its rated capacity, then the new transmission
19 line shall interconnect with the existing 345 kV and/or 500 kV
20 transmission lines at both the Red Mesa and Moenkopi substations..

21 GRANTED this 27th day of October, 2000.

22 ARIZONA POWER PLANT AND
23 TRANSMISSION LINE SITING COMMITTEE

24 By Paul A. Bullis

25 Paul A. Bullis, Chairman
26
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APPROVED BY ORDER OF THE ARIZONA CORPORATION COMMISSION

Chairman Commissioner Commissioner

IN WITNESS WHEREOF, I, Brian C. McNeil, Executive Secretary of the Arizona Corporation Commission, set my hand and cause the official seal of the Commission to be affixed this ____ day of _____, 2000.

By _____
Brian C. McNeil
Executive Secretary

Dissent: _____

7000 0600 0023 9790 7866

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$
Certified Fee

Return
(Endorser)
Restricted
(Endorser)

Honorable Sandie Smith
Pinal County Board of Supervisors
575 North Idaho Road #101
Apache Junction, AZ 85219

Recipient

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

7000 0600 0023 9790 7583

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

Postmark
Here

City Attorney Paul Lenkowsky
1255 Marina Blvd
Bullhead City, AZ 86442-5733

PS Form 3800, February 2000

See Reverse for Instructions

7000 0600 0023 9790 7958

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$

Suzanne Pfister
BJ Communications
2025 North 3rd Street Ste B157
Phoenix, AZ 85004

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

Philip J. Rodriguez 1/20/03

C. Signature

☐ Agent ☐ Addressee
D. Is delivery address different from item? ☐ Yes ☐ No
If YES, enter delivery address below:

L-000000U-00-0103

3. Service Type

☒ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sulphur Springs Valley Electric Coop
P.O. Box 820
Wilcox, AZ 85644

2. Article Number (Copy from service label)

7000060000002397908092

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

CERTIFIED MAIL RECEIPT
(Domestic Mail Insurance Coverage Provided)

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7972

Postage \$

Certified Fee

Postmark

Enc
Re
Encl
Re
Encl

Andy Jochums Planner
Yavapai County Planning and
Building Department
500 South Marina Street
Prescott, AZ 86303

Rec
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

SENDER: L-000000U-00-0103

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Andy Jochums Planner
Yavapai County Planning and
Building Department
500 South Marina Street
Prescott, AZ 86303

5. Received By: (Print Name)
John Standley

6. Signature (Addressee or Agent)
John Standley

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

4a. Article Number 7000006000
0023 9790 7972

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
11/21/00

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

I also wish to receive the following services (for an extra fee):

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: L-000000U-00-0103

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Ron Lee Director
Bureau of Indian Affairs Department
of the Interior
1400 West Washington #300
Phoenix, AZ 85007

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
Ron Lee

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

4a. Article Number 7000060000
9790 7972

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
NOV 1 2000

8. Addressee's Address (Only if requested and fee is paid)

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

I also wish to receive the following services (for an extra fee):

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7989

Postage \$

Certified Fee

Enc
Re
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Encl

Ron Lee Director
Bureau of Indian Affairs Department
of the Interior
1400 West Washington #300
Phoenix, AZ 85007

Rec
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

(to be completed by mailer)

CERTIFIED MAIL RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

7000 0600 0023 9790 7941

Postage \$	
Certified Fee	

Endo ^F Robert B. Weismiller, Ph. D
 Rest MRW & Associates, Inc
 Endo 1999 Harrison Street #1440
 Tot Oakland, CA 94612

Recip:
 Street, Apt. No., or P.O. Box No.
 City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: L-00000U-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Robert B. Weismiller, Ph. D
 MRW & Associates, Inc
 1999 Harrison Street #1440
 Oakland, CA 94612

4a. Article Number

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

7000 0600 0023 9790 7965

Postmark Here	
---------------	--

Return Receipt for Addressee's Address (Endorsement)
 Total Postage
 Recipient's Name
 Street, Apt. No.
 City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: L-00000U-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Robert Lynch
 340 East Palm Ln #140
 Phoenix, AZ 85007-4529

4a. Article Number

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7927

Postage \$

Chris Ballard Director
Mohave County Planning & Zoning
Department
P.O. Box 7000
Kingman, AZ 86402-7000

Street, Apt. No., or PO Box No.
City, State, ZIP+4

Postmark

PS Form 3800, February 2000 See Reverse for Instructions

7000 0600 0023 9790 7934

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$

Lucille Hays
Stirling Energy Systems
Biltmore Corporate Park
6245 North 24th Parkway #209
Phoenix, AZ 85016-2030

Street, Apt. No., or PO Box No.
City, State, ZIP+4

Postmark

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: L-000000U-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Chris Ballard Director
Mohave County Planning & Zoning
Department
P.O. Box 7000
Kingman, AZ 86402-7000

4a. Article Number 70000600
 002397907927

- 4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ Certified
☐ Insured
☐ COD

7. Date of Delivery 11/2/00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 Chris Ballard

6. Signature (Addressee or Agent)
 Chris Ballard

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

SENDER: L-000000U-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Lucille Hays
Stirling Energy Systems
Biltmore Corporate Park
6245 North 24th Parkway #209
Phoenix, AZ 85016-2030

4a. Article Number 70000600
 002397907939

- 4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ Certified
☐ Insured
☐ COD

7. Date of Delivery NOV 01 2000

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
 Lucille Hays

6. Signature (Addressee or Agent)
 Lucille Hays

102595-99-B-0223

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

PS Form 3811, December 1994

CERTIFIED MAIL RECEIPT

(Domestic Mail Coverage Provided)

7000 0600 0023 9790 7903

PS Form 3800, February 2000

See Reverse for Instructions

Postage
Certified Mail
Return Receipt
Restricted Delivery
Endorsement Require
Endorsement Require
Total Postage & Fee

Gordon Taylor Manager
Arizona State Land Department
Planning Section
1616 West Adams
Phoenix, AZ 85007

Postmark
Here

Completed by mailer

SENDER: L-000000U-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Gordon Taylor Manager
Arizona State Land Department
Planning Section
1616 West Adams
Phoenix, AZ 85007

4a. Article Number 7000 0600 0023 9790 7903

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

7. Date of Delivery 11/3

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Signature
6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7910

PS Form 3800, February 2000

See Reverse for Instructions

Postage \$
Certified Mail
Return Receipt
Restricted Delivery
Endorsement Require
Endorsement Require
Total P.c.

John P. Aber Planning
Coconino County Arizona
2500 North Fort Valley Rd Bldg #1
Flagstaff, AZ 86001-9331

Postmark

SENDER: L-000000U-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

John P. Aber Planning
Coconino County Arizona
2500 North Fort Valley Rd Bldg #1
Flagstaff, AZ 86001-9331

4a. Article Number 7000 0600 0023 9790 7910

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

Date of Delivery 11-1-00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Signature
6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7880

Postage \$	
Certified Fee	
Scott McCullough Planning & Development Department 411 North Central Ave 3rd Floor Phoenix, AZ 85004	
Street, Apt. No., or P.O. Box No.	
City, State, ZIP+4	

PS Form 3800, February 2000

L-000000-00-0103

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Scott McCullough
Planning & Development Department
411 North Central Ave 3rd Floor
Phoenix, AZ 85004

4a. Article Number

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7897

Postage \$	
Certified Fee	
Patrick M. Sherrill 5310 East Camelback Rd Phoenix, AZ 85018	
Street, Apt. No., or P.O. Box No.	
City, State, ZIP+4	

PS Form 3800, February 2000

L-000000-00-0103

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Patrick M. Sherrill
5310 East Camelback Rd
Phoenix, AZ 85018

4a. Article Number

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

5. Received By: (Print Name)	
6. Signature (Addressee or Agent)	
Patrick M. Sherrill 5310 East Camelback Rd Phoenix, AZ 85018	
Street, Apt. No., or P.O. Box No.	
City, State, ZIP+4	

PS Form 3811, December 1994

CERTIFIED MAIL RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

7000 0600 0023 9790 7859

Postage \$	
Certified Fee	
Mark	

Chairman Paul Bullis
Office of the Attorney General
1275 West Washington
Phoenix, AZ 85007

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Chairman Paul Bullis
Office of the Attorney General
1275 West Washington
Phoenix, AZ 85007

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-9-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

CERTIFIED MAIL RECEIPT

(Domestic Mail Only: No Insurance Coverage Provided)

7000 0600 0023 9790 7873

Postage \$	
Certified Fee	
Postmark	

Return Receipt Fee

Mark McWhirter
Director Energy Office
Department of Commerce
3800 North Central Ave #1200
Phoenix, AZ 85012

Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Mark McWhirter
Director Energy Office
Department of Commerce
3800 North Central Ave #1200
Phoenix, AZ 85012

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-9-0223

Domestic Return Receipt

Thank you for using Return Receipt Service

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7835

Postage \$	
Certified Fee	
Return to:	
Garlyn Bergdale President Environmental Planning Grp. Inc 4350 East Camelback Rd. Suite #G200 Phoenix, AZ 85018	
Rec. completed by mailer	
Street, Apt. No., or P.O. Box No.	
City, State, ZIP+4	

PS Form 3800, February 2000

See Reverse for Instructions

SENDER:

- ☐ Complete items 1 and 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

Garlyn Bergdale President
Environmental Planning Grp. Inc
4350 East Camelback Rd. Suite #G200
Phoenix, AZ 85018

5. Received By: (Print Name)

Garlyn Bergdale

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

A. Wayne Smith
6106 South 32nd Street
Phoenix, AZ 85040

5. Received By: (Print Name)

A. Wayne Smith

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7842

Postmark Here	
Postage \$	
Certified Fee	
A. Wayne Smith 6106 South 32nd Street Phoenix, AZ 85040	
Street, Apt. No., or P.O. Box No.	
City, State, ZIP+4	

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7811

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	

Postmark Here

FirstPoint Service Inc
1001 SW 5th Ave #500
Portland, OR 97204

City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

SENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.

- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

FirstPoint Service Inc
1001 SW 5th Ave #500
Portland, OR 97204

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

4a. Article Number

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ Insured
- ☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Walt Munkelt
Signature (Addressee or Agent)
Walt Munkelt

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7828

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	

Postmark Here

Euron
Energy
4742 North 24th Street
Phoenix, AZ 85016

City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

SENDER:

Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.

- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Euron
Energy
4742 North 24th Street
Phoenix, AZ 85016

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

4a. Article Number

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ Insured
- ☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Euron Energy
Signature (Addressee or Agent)
Euron Energy

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7798

Postage \$
Certified Fee

31K

Schlumberger Resources
6960 Koll Center Parkway
Pleasanton, CA 94566

PS Form 3800, February 2000

Street, Apt. No., or PO Box No.

City, State, ZIP+4

See Reverse for Instructions

SENDER:

Complete items 1 and/or 2 for additional services.

Complete items 3, 4a, and 4b.

Print your name and address on the reverse of this form so that we can return this card to you.

Attach this form to the front of the mailpiece, or on the back if space does not permit.

Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Schlumberger Resources
6960 Koll Center Parkway
Pleasanton, CA 94566



5. Received By: (Print Name)

LOLA GILL

6. Signature (Addressee or Agent)

Lola Gill

PS Form 3811, December 1994

4a. Article Number: 70000600
4b. Service Type: Registered
Express Mail
Return Receipt for Merchandise
Insured
COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

Complete items 1 and/or 2 for additional services.

Complete items 3, 4a, and 4b.

Print your name and address on the reverse of this form so that we can return this card to you.

Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

New West Energy, Inc
P.O. Box 61868
Phoenix, AZ 85082-1868

5. Received By: (Print Name)

LOLA GILL

6. Signature (Addressee or Agent)

Lola Gill

PS Form 3811, December 1994

4a. Article Number: 70000600
4b. Service Type: Registered
Express Mail
Return Receipt for Merchandise
Insured
COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7798

Postmark

Postage \$
Certified Fee

New West Energy, Inc
P.O. Box 1868
Phoenix, AZ 85082-1868

31K

PS Form 3800, February 2000

Street, Apt. No., or PO Box No.

City, State, ZIP+4

See Reverse for Instructions

SENDER:

Complete items 1 and/or 2 for additional services.

Complete items 3, 4a, and 4b.

Print your name and address on the reverse of this form so that we can return this card to you.

Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

New West Energy, Inc
P.O. Box 61868
Phoenix, AZ 85082-1868

5. Received By: (Print Name)

LOLA GILL

6. Signature (Addressee or Agent)

Lola Gill

PS Form 3811, December 1994

4a. Article Number: 70000600
4b. Service Type: Registered
Express Mail
Return Receipt for Merchandise
Insured
COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7774

Postage \$
Certified Fee
Postmark

End: (End)
Res: George L. Campbell
To: 8930 North 83rd Street
From: Scottsdale, AZ 85258

Street, apt. no., or P.O. Box No.
City, State, Zip+4

PS Form 3800, February 2000

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

George L. Campbell
8930 North 83rd Street
Scottsdale, AZ 85258

4a. Article Number 900000600
0023 9790 7774

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

11-2-00

5. Received By: (Print Name)

George L. Campbell

6. Signature (Addressee or Agent)

George L. Campbell

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

7000 0600 0023 9790 7774

Postmark

Postage \$
Certified Fee

End: (End)
Res: Dennis Sundie
To: Department of Water Resources
From: 500 North 3rd Street
Phoenix, AZ 85004-3903

Street, Apt. No., or P.O. Box No.
City, State, Zip+4

PS Form 3800, February 2000

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Dennis Sundie
Department of Water Resources
500 North 3rd Street
Phoenix, AZ 85004-3903

4a. Article Number 900000600
0023 9790 7774

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

NOV 01 2000

5. Received By: (Print Name)

Dennis Sundie

6. Signature (Addressee or Agent)

Dennis Sundie

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7750

Postage \$

Certified Fee

End Rec (End)

Principle Randy Palmer
Environmental Planning Grp. Inc
4350 East Camelback Rd Suite #G-200
Phoenix, AZ 85018

Recip
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3810, February 2000

See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

1-00000000-00-0103

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

4a. Article Number 70000600
4b. Service Type 002397907750

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
Randy Palmer

7. Date of Delivery 11-1-00

8. Addressee's Address (Only if requested and fee is paid)

Principle Randy Palmer
Environmental Planning Grp. Inc
4350 East Camelback Rd Suite #G-200
Phoenix, AZ 85018

PS Form 3811, December 1994

10295-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7767

Postage \$

Postmark

Recip's Name (Please Print Clearly)

Dine Power Authority
P.O. Box 3239
Window Rock, AZ 86515

Recip
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3810, February 2000

See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

1-00000000-00-0103

SENDER:

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

4a. Article Number 70000600
4b. Service Type 002397907767

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

5. Received By: (Print Name)

6. Signature (Addressee or Agent)
Dine Power Authority

7. Date of Delivery 11-1-00

8. Addressee's Address (Only if requested and fee is paid)

Dine Power Authority
P.O. Box 3239
Window Rock, AZ 86515

PS Form 3811, December 1994

10295-99-8-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7736

Postage \$	
Certified Fee	

Return
(Endorser's)
Salt River Project
Mail Station PAB 221
P.O.B 52025
Total Post Phoenix, AZ 85072-2025

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Street, Apt. No., or P.O. Box No.
City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Salt River Project
Mail Station PAB 221
P.O.B 52025
Phoenix, AZ 85072-2025

4a. Article Number 10000600
 002397907736

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

NOV 01 2000

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7743

Postage \$	
Certified Fee	

Return
(Endorser's)
Arizona Public Service
400 East Van Buren
Phoenix, AZ 85004

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Street, Apt. No., or P.O. Box No.
City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Arizona Public Service
400 East Van Buren
Phoenix, AZ 85004

4a. Article Number 10000600
 002397907743

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

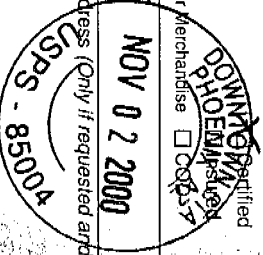
NOV 02 2000

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

102595-99-B-0223 Domestic Return Receipt

PS Form 3811, December 1994



Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7712

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Postmark Here	

Restricted Area

Citizens Utilities
2901 North Central Ave
Phoenix, AZ 85012

City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Citizens Utilities
2901 North Central Ave
Phoenix, AZ 85012

4a. Article Number 70000600
002397907712

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Terry Ruth
Signature (Addressee or Agent)
Terry Ruth

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7729

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Postmark Here	

Restricted Area

Tucson Electric Power
Dave Couture
PO Box 711 Mail Stop 123
Tucson AZ 85702

City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Tucson Electric Power
Dave Couture
PO Box 711 Mail Stop 123
Tucson AZ 85702

4a. Article Number 70000600
002397907729

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

Received By: (Print Name)
Dave Couture
Signature (Addressee or Agent)
Dave Couture

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

70000600-00-0103

11-3-00

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$

Postmark

Rel
Endors
Resit
Endor

Jeff Maguire
P.O. Box 1046
Sun City, AZ 85372

Total

Recipient's Name (Please Print Clearly)

Street, Apt. No., or P.O. Box No.

City, State, Zip+4

PS Form 3800, February 2000

See Reverse for Instructions

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

Jeff Maguire
P.O. Box 1046
Sun City, AZ 85372

4a. Article Number 100000600
002397907699

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

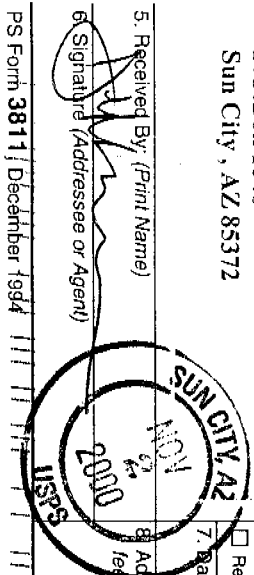
7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994



Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

Richard Tobin
Department of Environmental Quality
Office of Air Quality
3033 North Central Ave M0101B
Phoenix, AZ 85012-2809

4a. Article Number 100000600
002397907705

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

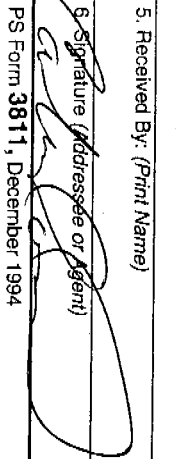
7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994



Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$

Postmark

Rel
Endors
Resit
Endor

Richard Tobin
Department of Environmental Quality
Office of Air Quality
3033 North Central Ave M0101B
Phoenix, AZ 85012-2809

Total

Recipient's Name (Please Print Clearly)

Street, Apt. No., or P.O. Box No.

City, State, Zip+4

PS Form 3800, February 2000

See Reverse for Instructions

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

Richard Tobin
Department of Environmental Quality
Office of Air Quality
3033 North Central Ave M0101B
Phoenix, AZ 85012-2809

4a. Article Number 100000600
002397907705

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD
- ☒ Certified
- ☐ Insured

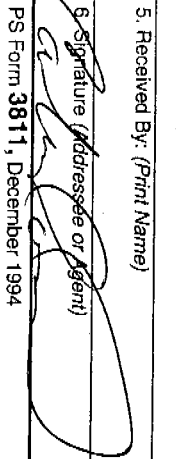
7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994



CE MAIL RECEIPT (Don't Insurance Coverage Provided)

7000 0600 0023 9790 7675

Return (Endorse) Restrict Endorse	Postmark Here
Total Pd	
Recipient	
Street, Apt	
City, State, ZIP+4	

Michael Grant
2575 East Camelback Rd
Phoenix, AZ 85016-9225

(To be completed by mailer)

PS Form 3800, February 2000

See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Michael Grant
2575 East Camelback Rd
Phoenix, AZ 85016-9225

4a. Article Number 16000600
302397907675

- 4b. Service Type
 - ☐ Registered
 - ☐ Express Mail
 - ☐ Return Receipt for Merchandise
 - ☐ COD
- ☒ Certified
- ☐ Insured

Date of Delivery

1-1-00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By (Print Name)

6. Signature (Addressee or Agent)

102595-99-B-0223

Domestic Return Receipt

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

General Manager Arlene Arviso
Dine Power Authority
Morgan Boulevard
Window Rock, AZ 86515

4a. Article Number 16000600
002397907682

- 4b. Service Type
 - ☐ Registered
 - ☐ Express Mail
 - ☐ Return Receipt for Merchandise
 - ☐ COD
- ☒ Certified
- ☐ Insured

Date of Delivery

1-1-00

8. Addressee's Address (Only if requested and fee is paid)

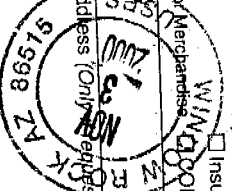
5. Received By (Print Name)

6. Signature (Addressee or Agent)

102595-99-B-0223

Domestic Return Receipt

PS Form 3811, December 1994



U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

Recipient's Name (Please Print Clearly) (To be completed by mailer)	Street, Apt. No., or PO Box No.	City, State, ZIP+4
General Manager Arlene Arviso Dine Power Authority Morgan Boulevard Window Rock, AZ 86515		
Postage	\$	
mark ere		

7000 0600 0023 9790 7682

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7651

Postage \$

Endor:
Gar Kane Power Assoc. Inc
Resit:
P.O.Box 790
Richfield, UT 84701

Total:

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Gar Kane Power Assoc. Inc
P.O.Box 790
Richfield, UT 84701

4a. Article Number 100006690
4b. Service Type Registered
Express Mail
Return Receipt for Merchandise ☐ COD
Date of Delivery 11-3-00

5. Received By: (Print Name)

Ken Ramsey

6. Signature (Addressee or Agent)

Ken Ramsey

PS Form 3841, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Ajo Improvement Co
Post Office Drawer 9
Ajo, AZ 85321

4a. Article Number 100006680
4b. Service Type Registered
Express Mail
Return Receipt for Merchandise ☐ COD
Date of Delivery 11-01-00

5. Received By: (Print Name)

RAY E PETERSON

6. Signature (Addressee or Agent)

RAY E PETERSON

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7668

Postage \$

Endor:
Ajo Improvement Co
Resit:
Post Office Drawer 9
Ajo, AZ 85321

Total:

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Ajo Improvement Co
Post Office Drawer 9
Ajo, AZ 85321

4a. Article Number 100006680
4b. Service Type Registered
Express Mail
Return Receipt for Merchandise ☐ COD
Date of Delivery 11-01-00

5. Received By: (Print Name)

RAY E PETERSON

6. Signature (Addressee or Agent)

RAY E PETERSON

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$

Encl. Morenci Water & Electric
 Re P.O. Box 68
 (Encl.) Morenci, AZ 85540
 To

Recipient's Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or P.O. Box No.

City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

Domestic Return Receipt

102595-99-8-0223

PS Form 3811, December 1994

5. Received By: (Print Name)
 Steve EMS

6. Signature (Addressee or Agent)
Steve EMS

7. Date of Delivery
 11-20-00

Morenci Water & Electric
 P.O. Box 68
 Morenci, AZ 85540

4a. Article Number
 002396906800

4b. Service Type
☒ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

3. Article Addressed to:

Thank you for using Return Receipt Service.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:
 Morenci Water & Electric
 P.O. Box 68
 Morenci, AZ 85540

SENDER:

Complete items 1 and/or 2 for additional services.

- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

1-000000-00-010-003

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$

Encl. Navajo Electric Coop
 Re P.O. Box 308
 (Encl.) Lakeside, AZ 85929
 To

Street, Apt. No., or P.O. Box No.

City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

Domestic Return Receipt

102595-99-8-0223

PS Form 3811, December 1994

5. Received By: (Print Name)
 George Dees Acosta

6. Signature (Addressee or Agent)
George Dees Acosta

7. Date of Delivery
 12-7-00

Navajo Electric Coop
 P.O. Box 308
 Lakeside, AZ 85929

4a. Article Number
 002396906800

4b. Service Type
☒ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

3. Article Addressed to:

Thank you for using Return Receipt Service.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

SENDER:

Complete items 1 and/or 2 for additional services.

- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

1-000000-00-010-003

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7576

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

City Clerk Charlene Ware
310 North 4th Street
Kingman, AZ 86401

PS Form 3800, February 2000 See Reverse for Instructions

CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7606

Postage \$	
------------	--

State Historic Preservation Officer
James W. Garrison
Arizona State Parks
1300 West Washington
Phoenix, AZ 85007

Recipient's Name (Please Print Clearly (to be completed by mailer))
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, February 2000 See Reverse for Instructions

SENDER:

- Complete items 1 and/or 2 for additional services:
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

City Clerk Charlene Ware
310 North 4th Street
Kingman, AZ 86401

4a. Article Number 90000600
4b. Service Type 0023 9790 2576
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

1/2

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

Charlene Ware

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Domestic Return Receipt

6220-B-99-95201

PS Form 3800, December 1994

Article Addressed to:

State Historic Preservation Officer
James W. Garrison
Arizona State Parks
1300 West Washington
Phoenix, AZ 85007

7. Date of Delivery

0002 1 NON
☐ COD ☐ Insured
☐ Registered ☐ Express Mail
☐ Return Receipt for Merchandise

4a. Article Number 909603663200
4b. Service Type 009603663200

8. Addressee's Address

☐ 1
☐ 2
☐ Restricted Delivery

I also wish to receive the following services (for an extra fee):

Complete items 1 and/or 2 for additional services:
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

SENDER:

3010-00-000000-7

Is your RETURN ADDRESS completed on the reverse side?

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 7552

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	

To: Carol S. Anderson
Mohave County Board of Supervisors
P.O. Box 7000
Kingman, AZ 86401
City

PS Form 3800, February 2000

See Reverse for Instructions

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Carol S. Anderson
Mohave County Board of Supervisors
P.O. Box 7000
Kingman, AZ 86401

4a. Article Number 70000600
002397907552

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11/2/94

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

Carol S. Anderson

6. Signature (Addressee or Agent)

Carol S. Anderson

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

7000 0600 0023 9790 7554

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	

To: Mayor Lester Byram
310 North 4th Street
Kingman, AZ 86401
City

PS Form 3800, February 2000

See Reverse for Instructions

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Mayor Lester Byram
310 North 4th Street
Kingman, AZ 86401

4a. Article Number 70000600
002397907552

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11/2

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

Mayor Lester Byram

6. Signature (Addressee or Agent)

Mayor Lester Byram

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

L-000000U-00-0103

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

City Clerk Pat Nichols
1255 Marina Blvd
Bullhead City, AZ 86442-5733

PS Form 3800, February 2000

See Reverse for Instructions

7000 0600 0023 9790 7545

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Postage \$

Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total Pos Public Service Company of New Mexico
400 Gold Ave SW Suite #1200
Albuquerque, NM 87102

Street, Apt
City, State

PS Form 3800, February 2000

See Reverse for Instructions

L-000000U-00-0103

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

City Clerk Pat Nichols
1255 Marina Blvd
Bullhead City, AZ 86442-5733

4a. Article Number

700006000002397908276

4b. Service Type

- ☐ Registered
- ☒ Certified
- ☐ Express Mail
- ☐ Insured
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

11-200

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
C. McDaniel

6. Signature (Addressee or Agent)
C. McDaniel

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Public Service Company of New Mexico
400 Gold Ave SW Suite #1200
Albuquerque, NM 87102

4a. Article Number

000006000002397907545

4b. Service Type

- ☐ Registered
- ☒ Certified
- ☐ Express Mail
- ☐ Insured
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

11-200

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
C. McDaniel

6. Signature (Addressee or Agent)
C. McDaniel

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 8252

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

City Manager Louis G. Sorneson
310 North 4th Street
Kingman, AZ 86401

PS Form 3800, February 2000 See Reverse for Instructions

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

City Manager Louis G. Sorneson
310 North 4th Street
Kingman, AZ 86401

4a. Article Number

700006000000399908252

- 4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

11-2

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

Holly Rice

6. Signature (Addressee or Agent)

Holly Rice

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 8252

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		

Postmark Here

Mayor Diane Vick
1255 Marina Blvd
Bullhead City, AZ 86442-5733

PS Form 3811, December 1994

SENDER:

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

Mayor Diane Vick
1255 Marina Blvd
Bullhead City, AZ 86442-5733

4a. Article Number

700006000000399908252

- 4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

11-2-00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

C. McC Daviel

6. Signature (Addressee or Agent)

C. McC Daviel

PS Form 3811, December 1994

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 8238

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

1 **NEV Southwest LLC**
 Re 3419 East Menadota Drive
 Phoenix, AZ 85050-7931

PS Form 3800, February 2000

SENDER: L-000000U-00-0103

- ☐ Complete items 1 and/or 2 for additional services:
 Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

NEV Southwest LLC
 3419 East Menadota Drive
 Phoenix, AZ 85050-7931

4a. Article Number

70000600002391908238

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified

5. Received By: (Print Name)

RON MCKELVIE
 DIRECTOR OF DOCUMENT CONTROL

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

10295-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 8245

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

1 **Buster D. Johnson**
 Re Mohave County Board of Supervisors
 2001 North College Drive
 Lave Havasu, AZ 86403

PS Form 3800, February 2000

SENDER: L-000000U-00-0103

- ☐ Complete items 1 and/or 2 for additional services:
 Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
 2. ☐ Restricted Delivery

3. Article Addressed to:

Buster D. Johnson
 Mohave County Board of Supervisors
 2001 North College Drive
 Lave Havasu, AZ 86403

4a. Article Number

70000600002391908245

4b. Service Type

- ☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified

5. Received By: (Print Name)

Buster D. Johnson

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994

10295-99-8-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 8214

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	

Postmark Here

Continental Divide Electric Coop
P.O. Box 786
Gallup, New Mexico 87301

City, State, Zip+4

PS Form 3800, February 2000

See Reverse for Instructions

7000 0600 0023 9790 8221

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

To: Duncan Valley Electric Coop
P.O. Box 440
Duncan, AZ 85534

Rec Site City, State, Zip+4

PS Form 3800, February 2000

See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

SENDER: L-000000-00-0103

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Continental Divide Electric Coop
P.O. Box 786
Gallup, New Mexico 87301

4a. Article Number 7000060000
4b. Service Type 0023 9790 8214

☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ Insured
☐ COD

7. Date of Delivery NOV 06 2000

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

USPS

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: L-000000-00-0103

☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Duncan Valley Electric Coop
P.O. Box 440
Duncan, AZ 85534

4a. Article Number 7000060000
4b. Service Type 0023 9790 8221

☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ Insured
☐ COD

7. Date of Delivery 11-2-00

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223 Domestic Return Receipt

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 8191

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	

To
City Manager Frank Abeyta
1255 Marina Blvd
Bullhead City, AZ 86442-5733

PS Form 3800, February 2000 See Reverse for Instructions

SENDER:

- Complete items 1 and/or 2 for additional services (for an extra fee):
- ☐ Complete items 3, 4a, and 4b.
 - ☐ Print your name and address on the reverse of this form so that we can return this card to you.
 - ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
 - ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

1-000000-00-0103

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

City Manager Frank Abeyta
1255 Marina Blvd
Bullhead City, AZ 86442-5733

4a. Article Number **700008650**
 4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery **11-2-00**

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
C McDaniel

6. Signature (Addressee or Agent)
C McDaniel

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 8207

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	

To
Arizona Electric Power Coop
P.O. Box 670
Benson, AZ 85602

PS Form 3800, February 2000 See Reverse for Instructions

SENDER:

- Complete items 1 and/or 2 for additional services (for an extra fee):
- ☐ Complete items 3, 4a, and 4b.
 - ☐ Print your name and address on the reverse of this form so that we can return this card to you.
 - ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 - ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
 - ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

1-000000-00-0103

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Arizona Electric Power Coop
P.O. Box 670
Benson, AZ 85602

4a. Article Number **700008650**
 4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Arizona Electric Power Coop

6. Signature (Addressee or Agent)
Arizona Electric Power Coop

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

Is your RETURN ADDRESS completed on the reverse side?

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 8177

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total P.	

Postmark Here

Recipient
Street A
City, State

City Attorney Charlotte Wells
310 North 4th Street
Kingman, AZ 86401

PS Form 3811, February 2000

See Reverse for Instructions

SENDER: L-000000-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

City Attorney Charlotte Wells
310 North 4th Street
Kingman, AZ 86401

4a. Article Number

70000600002397908177

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

11-2

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

RECEIVED

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

10295-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 8184

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total P.	

Postmark Here

Recipient
Street A
City, State

1 Dolan Springs Chamber of Commerce
16154 North Pierce Ferry Rd
Dolan Springs, AZ 86441

PS Form 3811, February 2000

See Reverse for Instructions

SENDER: L-000000-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Dolan Springs Chamber of Commerce
16154 North Pierce Ferry Rd
Dolan Springs, AZ 86441

4a. Article Number

70000600002397908184

4b. Service Type

- ☐ Registered
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

2000

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

HAZER MAY 24

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

10295-99-B-0223

Domestic Return Receipt

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 8153

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Illinova Energy Partners Inc
325 East Southern Ave #104
Tempe, AZ 85282

PS Form 3800, February 2000

See Reverse for Instructions

SENDER:

1-20999999-00-0403

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

Illinova Energy Partners Inc
325 East Southern Ave #104
Tempe, AZ 85282

4a. Article Number 7000006000
0023 9790 8153

- 4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Wendel Benson

6. Signature (Addressee or Agent)

102395-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 8160

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

James Zabersky
Total P.
Mohave County Board of Supervisors
1130 Hancock Road
Bullhead City, AZ 86442

City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

SENDER:

1-00000000-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
☐ Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

James Zabersky
Mohave County Board of Supervisors
1130 Hancock Road
Bullhead City, AZ 86442

4a. Article Number 7000006000
0023 9790 8160

- 4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD
☒ Certified
☐ Insured

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

102395-99-B-0223

Domestic Return Receipt

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 8139

PS Form 3800, February 2000

See Reverse for Instructions

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

Eastern Competitive Solutions
Route 4 Box 1803
Lakeside, AZ 85929

SENDER: L-000000U-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

Eastern Competitive Solutions
Route 4 Box 1803
Lakeside, AZ 85929

4a. Article Number: **7000 0600 0023 9790 8139**

- 4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11-2-00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

CLIFFORD M EDDY

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 9790 8146

PS Form 3800, February 2000

See Reverse for Instructions

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

PG & E Energy Service Corp
Rec'd 6900 East Camelback Rd #800
Scottsdale, AZ 85251-0000

SENDER: L-000000U-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
☐ Print your name and address on the reverse of this form so that we can return this card to you.
☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
☐ Write "Return Receipt Requested" on the mailpiece below the article number.
☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

PG & E Energy Service Corp
6900 East Camelback Rd #800
Scottsdale, AZ 85251-0000

4a. Article Number: **7000 0600 0023 9790 8146**

- 4b. Service Type
☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

11-1-00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

Scottsdale, AZ

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

L-000000-00-0103

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	

Total Sierra Southwest Electric Coop
3900 East Broadway
Tucson, AZ 85711

Street,
City, St

PS Form 3800, February 2000

See Reverse for Instructions

SENDER: L-000000-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Sierra Southwest Electric Coop
3900 East Broadway
Tucson, AZ 85711

4a. Article Number 0023 9190 8150

4b. Service Type

- ☐ Registered
- ☒ Certified
- ☐ Express Mail
- ☐ Insured
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

11-1-00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Lester Levin

6. Signature (Addressee or Agent)
Lester Levin

PS Form 3811, December 1994

102565-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

L-000000-00-0103

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Postmark Here	

Total Star Data Service LLC
Ironwood Bldg, Ste #300
2920 Highwoods Bldg
Raleigh, NC 27604

PS Form 3800, February 2000

See Reverse for Instructions

SENDER: L-000000-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Star Data Service LLC
Ironwood Bldg, Ste #300
2920 Highwoods Bldg
Raleigh, NC 27604

4a. Article Number 0023 9190 8122

4b. Service Type

- ☐ Registered
- ☒ Certified
- ☐ Express Mail
- ☐ Insured
- ☐ Return Receipt for Merchandise
- ☐ COD

7. Date of Delivery

11-8-00

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)
Steven H. Quinn

6. Signature (Addressee or Agent)
Steven H. Quinn

PS Form 3811, December 1994

102565-99-B-0223

Domestic Return Receipt

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 4790 8061

PS Form 3800, February 2000

See Reverse for Instructions

Postage \$
Certified Fee

Timothy Hogan
Arizona Center for Law in the Public
Interest
202 East McDowell Rd #153
Phoenix, AZ 85004

Sheet, Apt. No., or P.O. Box No.
City, State, ZIP+4

Domestic Return Receipt 3220-B-66-565201

PS Form 3800, December 1999

8. Addressee's Address (Only if requested and fee is paid)
211

7. Date of Delivery

☐ COD
☐ Insured
☐ Return Receipt for Merchandise

☒ Certified
☐ Registered
☐ Express Mail

4a. Article Number 19980663200

3. Article Addressed to:

Timothy Hogan
Arizona Center for Law in the Public
Interest
202 East McDowell Rd #153
Phoenix, AZ 85004

1. Addressee's Address
2. Restricted Delivery

1. Also wish to receive the following services (for an extra fee):
Complete items 1, 2, 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.

SENDER:

Is your RETURN ADDRESS completed on the reverse side?

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

7000 0600 0023 4790 8078

PS Form 3800, February 2000

See Reverse for Instructions

Postage \$

Thomas Aragon
Mohave County Planning and Zoning
Department
P.O. Box 7000
Kingman, AZ 86402-7000

Sheet, Apt. No., or P.O. Box No.
City, State, ZIP+4

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Thomas Aragon
Mohave County Planning and Zoning
Department
P.O. Box 7000
Kingman, AZ 86402-7000

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
John Aragon 11/2/00
C. Signature
D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

L-000000-00-0103

3. Service Type
☒ Certified Mail
☐ Registered
☐ Return Receipt for Merchandise
☐ Insured Mail
☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Copy from service label)
19980663200

PS Form 3811, July 1999

Domestic Return Receipt

102395-00-M-0952

102395-00-M-0952

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Alan Matheson, Esq
Ryley, Carlock & Applewhite
101 North 1st Ave #2700
Phoenix, AZ 85003-1973

Total Postage
Return
Restricted
Endorsement

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

7000 0600 0000 9279 8009

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

Karen L. Peters, Esq
Squire, Sanders & Dempsey LLP
40 North Central Ave #2700
Phoenix, AZ 85004

Total
Res
End

Recipient's Name (Please Print Clearly) (to be completed by mailer)
Street, Apt. No.; or PO Box No.
City, State, ZIP+4

7000 0600 0000 9279 8015

Is your RETURN ADDRESS completed on the reverse side?

SENDER: L-000000-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Alan Matheson, Esq
Ryley, Carlock & Applewhite
101 North 1st Ave #2700
Phoenix, AZ 85003-1973

4a. Article Number
7000600000239790

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
NOV 01 2000

5. Received By: (Print Name)
Merrice Kammire

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.

Is your RETURN ADDRESS completed on the reverse side?

SENDER: L-000000-00-0103

- ☐ Complete items 1 and/or 2 for additional services.
- ☐ Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write "Return Receipt Requested" on the mailpiece below the article number.
- ☐ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. ☐ Addressee's Address
- 2. ☐ Restricted Delivery

3. Article Addressed to:

Karen L. Peters, Esq
Squire, Sanders & Dempsey LLP
40 North Central Ave #2700
Phoenix, AZ 85004

4a. Article Number
7000600000239790

4b. Service Type
☐ Registered
☐ Express Mail
☐ Return Receipt for Merchandise
☐ COD

7. Date of Delivery
11-02-00

5. Received By: (Print Name)
Shawna Roberts

6. Signature (Addressee or Agent)

PS Form 3811, December 1994

102595-99-B-0223

Domestic Return Receipt

Thank you for using Return Receipt Service.